

If symptoms were not natural causes, Coroner must be notified. Coroner cannot certify to a death due to natural causes.

FILED AUG. 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26981

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3297

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>		c. CITY OR TOWN <u>BRANDIE VILLAGE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSP</u>		Length of stay in 1b <u>4 DAYS</u>		d. STREET ADDRESS <u>6830 MISSION RD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Registration Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>LAURA</u>		Middle <u>MAY</u>		Last <u>KAZEP</u>		Month <u>JULY</u> Day <u>25</u> Year <u>1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 23 - 1879</u>	
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		9. AGE (In years last birthday) <u>76</u>	
11. BIRTHPLACE (City and state or country) <u>BRECKENRIDGE MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>CHARLES DISHMAN</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>PAUL KAZEP</u> Address <u>6830 MISSION RD. K.C.K.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u>						<u>1 wk.</u>	
DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>						<u>Unknown</u>	
DUE TO (c)						<u>4200</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>July 21, 1956</u> to <u>July 25, 1956</u> and last saw her/him alive on <u>July 25, 1956</u> . Death occurred at <u>11:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Martin P. Hunter M.D.</u>				22b. ADDRESS <u>1408 Waldheim Bldg</u>		22c. DATE SIGNED <u>7/25/56</u>	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JULY 30 1956</u>		<u>FOREST HILL CEM.</u>		<u>KANSAS CITY, Mo.</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer Sons</u> ADDRESS <u>Kan. City Mo</u>				25. DATE RECD. BY LOCAL REG. <u>7-30-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Chester K. Brown

Licensed Embalmer No. *4*

P. O. Address *KC*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.